



## UNITED STATE S DEPARTMENT F COMMERCE Patent and Wademark Office Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

	APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT		ATTORNEY DOCKET NO.	$\neg$
	09/424/48	7	Choo et al.		PM 264975	
					EXAMINER	$\neg$
				H.	Kobinson	
				AF	RT UNIT PAPER NUMBER	
,				14	53 30	
				DATE N	IAILED:	
INTERVIEW SUMMARY						
All p	articipants (applicant, applicant	's representative, PTO personnel	):	,		
(1)_	Hope Robin	~50~	(3) Joe Lie	bese	huetz	
(2)_	Karen Ca	rosh	(4)			
Dat	of Interview3	117/03		÷.		
Type	: Telephonic Personal	(copy is given to applicant	applicant's representative).	_		
Exhibit shown or demonstration conducted:  \( \sum \text{Yes} \) No If yes, brief description:						
		74.10 11,900,0	5.10.1 G0001-p11011.			
Clain	ement was reached. was reached. was reached. was reached. was reached.	choo efa	l.			· ·
Description of the general nature of what was agreed to if an agreement was reached, or any other comments: It appears that quadruplet code of the instant swentien differs from the triplet code of the reference in that the same zinc finger is not coded for when fourth base is included.						
( A fu must attacl	be attached. Also, where no c	nd a copy of the amendments, if a opy of the amendments which wo	available, which the examiner a buld render the claims allowable	agreed wo	ould render the claims allowab able, a summary thereof must	le be
1. 🗆	It is not necessary for applica	nt to provide a separate record of	the substance of the interview	<i>ı</i> .		
IS NO action	OT WAIVED AND MUST INCLU	en checked to indicate to the con JDE THE SUBSTANCE OF THE I PLICANT IS GIVEN ONE MONTH	INTERVIEW. (See MPEP Sec	tion 713.0	04). If a response to the last O	TION ffice
2. 🗌	rejections and requirements the	w summary above (including any nat may be present in the last Offi onse requir ments of the last Offi ove is also checked.	ice action, and since the claims ice action. Applicant is not reli	s are now eved fron	allowable, this completed form providing a separate record of	of ,
Exam	iner Note: You must sign this fo	orm unless it is an attachment to a	another form.	er (co	how Carte	

FORM **PTOL-413** (REV.1-96)

KAREN COCHRANE CARLSON, PH.D PRIMARY EXAMINER